

REPRODUCTIVE CARE OF INDIANA
201 Pennsylvania Parkway, Suite 310
Indianapolis, IN 46280

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH
INFORMATION

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received the Practice's Notice of Privacy Practices and understand that my protected health information may be used by the Practice as described in the notice.

Patient Name: _____

Patient Signature: _____

Date: _____